

Resident Rights

WELCOME



Idaho's State Flower * The Syringa

Syringa Chalet Nursing Facility
State Hospital South
PO Box 400 * Blackfoot, ID 83221
(208) 785-1200

RESIDENT RIGHTS – TABLE OF CONTENTS

I.	GENERAL INFORMATION	4
	The Joint Commission	4
	On-Site Emergency Medical Care	4
	Smoke-Free/Tobacco-Free Facility	4
II.	YOUR RIGHTS AND PRIVILEGES	5
	Exercise of Rights	6
	<u>Your Responsibilities</u>	6
	Providing Information	6
	Your Compliance with Medical Care	6
	Potential Risks for Your Care	7
	Following Rules and Regulations	7
	Showing Respect and Consideration	7
	Personal Boundaries	7
	Your Personal Funds	7
	Services Provided	7
	Who Pays My Bill	9
	Medicare/Medicaid	9
	Bed-Hold Policy	9
	Your Treatment and Care	10
	Privacy and Confidentiality	10
	Grievance/Suggestion Procedures	11
	Examination of Survey Results	12
	Work	12
	Mail	13
	Visiting Privileges	13
	Telephones	14
	Personal Property	14
	Married Couples	14
	Self-Administration of Drugs	14
	Transfers	15
III.	ADDITIONAL INFORMATION	15
	No Discrimination	15
	Abuse or Harassment	15
	Refusal of Treatment	15
	Pain Management	16
	Restraint	18
	Resident Council	19
	Your Medical Record	19
	Your Lawyer	19
	Assessment Data	19

	Your Family & Physician Notification	19
	Notification of Changes	20
	Spirituality, Values, and Pastoral Care	20
	Student Involvement	20
	Discharge	20
V.	HOSPITAL SERVICES	21
	Canteen	21
	Beauty Salon	21
	Activity Services	21
	Laundry Facilities	21
VI.	TELEPHONE NUMBERS OF ADVOCATES, SUPPORT GROUPS, LEGAL SERVICES, AND REGULATORY AGENCIES	22
	SCNF Social Worker	22
	Family/Consumer Support Groups	22
	Legal Services	23
	Regulatory Agencies	24
VII.	INDEX OF IDAHO CODE	25
VIII.	IDAHO DEPARTMENT OF HEALTH AND WELFARE NOTICE OF PRIVACY PRACTICES	26
IX.	SPECIAL COMMUNICATION SERVICES	31
	HAND HYGIENE	31

GENERAL INFORMATION

THE JOINT COMMISSION



Syringa Chalet Nursing Facility takes great pride in being recognized as a Joint Commission (JC) accredited facility.



Joint Commission accreditation is a recognized nationwide symbol of quality that reflects an organization's commitment to meeting performance standards. JC standards address key areas, such as patient rights, patient treatment, infection control, and patient safety. Syringa Chalet Nursing Facility meets these standards as a healthcare provider of quality treatment and services.

ON-SITE EMERGENCY MEDICAL CARE

Syringa Chalet Nursing Facility does not have a physician on site 24 hours per day seven days a week. If you experience a medical emergency during your residence and a physician is not present in the facility, you will be immediately assessed by non-physician facility personnel who are licensed and trained in attending to basic medical emergencies. If your condition necessitates, you will be transported via ambulance to the nearest available emergency room. Otherwise, facility personnel do have the availability of off-grounds, on-call physician/medical staff that can provide telephone assistance and/or return to the facility to attend to your condition within 60 minutes of notification.

SMOKE-FREE/TOBACCO-FREE FACILITY

As a Joint Commission accredited health care facility, Syringa Chalet Nursing Facility is dedicated to the wellness of our residents. Because of the negative health related consequences of tobacco use, Syringa Chalet Nursing Facility complies with the guidelines of being a smoke-free and tobacco-free facility.



YOUR RIGHTS AND PRIVILEGES

Syringa Chalet Nursing Facility strives to offer quality care in a safe environment. You have the right to an environment that promotes maintenance or enhancement of your quality of life & your dignity and respect in full recognition of your individuality. Your resident rights are described in further detail below.

You have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.

These rights include (but are not limited to):

- The right to exercise your rights
- Be informed about what rights and responsibilities you have
- If you choose, the facility may manage your personal funds
- Choose a physician and treatment and participate in decisions and care planning
- Privacy and confidentiality
- Voice grievances and have the facility respond to those grievances
- Examine survey results
- Work or not work
- Privacy in sending and receiving mail
- Visit and be visited by others from outside the facility
- Use a telephone in privacy
- Retain and use personal possessions to the maximum extent that space and safety permit
- Share a room with a spouse, if that is mutually agreeable
- Self-administer medication, if the interdisciplinary care planning team determines it is safe
- Refuse a transfer from a distinct part, within the institution

EXERCISE OF RIGHTS

You have the right to exercise your rights as a resident of the facility and as a citizen or resident of the United States.

You have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising your rights.

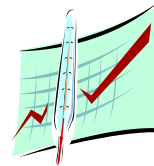
In the case of a resident adjudged incompetent under the laws of the State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.

YOUR RESPONSIBILITIES

Below are basic resident responsibilities. You will be notified of any changes/revisions to this information.

Providing Information: You can help facility staff by providing feedback about service needs and expectations. We encourage you and your family to provide, to the best of your knowledge, accurate and complete information.

This would include current complaints, past illnesses, hospitalizations, medications, and the existence of any instructions for physical or mental health care and other matters relating to your health.



Your Compliance with Medical Care: You and your social worker will begin to develop your treatment plan immediately after your admission. Formal reviews will be held at quarterly intervals throughout your stay. However, your treatment plan may be updated at any time based on your current condition and needs.



You will be encouraged to participate in developing your treatment plan. You will also have the opportunity to comment in writing on your plan. You should express any concerns you may have about your ability to follow the proposed care plan and treatment. You have the responsibility to let staff know if you don't understand your current treatment plan.

You have the right to choose your personal attending physician. If you choose to have the facility provide a physician for you, you will be notified of the name, specialty, and way of contacting the physician responsible for your care upon admission.

Potential Risks for Your Care: You, and your family as appropriate, must ask questions when you do not understand your care. If you have knowledge of any perceived risks in your care and treatment or notice any unexpected changes in your condition, please check with staff. *Examples: reporting allergies, suicidal ideations, dangerousness to others, etc.*



Following Rules and Regulations: Residents and their families must follow the nursing facility's rules and regulations for everyone's safety.

Showing Respect and Consideration: You and your family must be considerate of the nursing facility's staff and property, as well as other residents and their property. It is expected that you will assist in the control of noise, etc.



In the event you destroy or damage another person's or this facility's property, you may be expected to pay for the replacement cost of that property. In addition, in the event you threaten or cause physical harm to another person, a complaint may be filed with local law enforcement.

Personal Boundaries: Respecting the personal boundaries of your peers is extremely important. Ask before you touch or hug someone. Never touch someone in a sexual way. If anyone approaches you in a sexual manner, or makes you uncomfortable with their touch, immediately report the behavior to staff. If you have questions about appropriate behavior, please talk to on-duty staff or your social worker.



YOUR PERSONAL FUNDS

You have the right to manage your financial affairs, and the facility may not require you to deposit your personal funds with the facility.

State Hospital South/Syringa Chalet Nursing Facility provides an individual interest-bearing Trust Fund Account to you at no cost. The Trust Fund Account is established to provide safekeeping and accountability for any personal funds in excess of \$50.00 (\$100.00 for Medicare). Your Trust Fund Account is separate from any of the facility's operating accounts.

Receipts for deposits and withdrawals maintain internal control for all Trust Account funds. Your individual Trust Account statement reflects all deposits and withdrawals. You will be provided with a statement of your account monthly and may request a statement at any time.

Petty cash is available to you on weekends and holidays. Monday thru Friday,

you will have access to your money thru the Business Office. Between the Business Office and Petty Cash, you have access to your funds 7 days/week. Your withdrawals will be subject to your account balance, along with possible restrictions (set by your payee).

Limitations on Charges to Personal Funds

The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). Services included in Medicare or Medicaid payment are:

- Nursing services as required
- Dietary services as required
- Activities program as required
- Room/bed maintenance services
- Routine personal hygiene items such as; hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleaning agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, swabs, deodorant, incontinence care and supplies, sanitary napkins, and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry.
- Medically related social services as required

Items and services the facility may charge resident's funds if requested by the resident, if the facility informs the resident that there will be a charge and if payment is not made by Medicare or Medicaid include:

- Telephone, television/radio for personal use
- Personal comfort items such as; smoking materials, notions and novelties, and confections
- Cosmetic and grooming items and services in excess of those Medicaid or Medicare does not pay
- Personal clothing
- Personal reading matter
- Gifts purchased on behalf of resident
- Flowers and plants
- Social events and entertainment offered outside the scope of the activities program
- Non-covered special care services such as privately hired nurses or aids
- Private room, except when therapeutically required
- Specially prepared or alternative food requested instead of the food

generally prepared by the facility.

WHO PAYS MY BILL?

Idaho Code §66-354 indicates that voluntary or involuntary, you are responsible for your own bill. You will be asked to provide financial information to help determine whether you or your family is able to pay all or part of your nursing facility costs. If you have a third party payer, the nursing facility will apply direct payment from the third party payer toward your bill. A list of items residents cannot be charged for will be provided.

You may visit the Patient Accounts Services office to discuss your bill, your personal financial situation, or if you have any questions. Office hours are Monday through Friday, 7 am to 4 pm.

MEDICARE/MEDICAID

You have the right to apply for Medicare and Medicaid and the right to information and assistance in applying for those programs.

You cannot be asked to give up or delay your rights to receive Medicare or Medicaid.

If you need help to understand your rights or to apply for benefits, please contact the Patient Accounts Office at (208) 785-8506 or (208) 785-8502.

BED-HOLD POLICY

When a private pay resident is absent from the facility and requests to have his/her bed/room held, the current daily rate will be charged from the first day of absence until the date specified in writing by the resident.

For Medicaid (Title XIX) residents, government regulations specify that Medicaid will pay for a maximum of three hold days during periods of therapeutic leave and three hold days during hospitalization. When Medicaid hold days expire, the resident/family may request and pay to hold a bed, and will be on the same terms as first paragraph above.



Additional information is provided on the Notice of Bed-Hold Policy form that you receive upon admission.

YOUR TREATMENT AND CARE

You will be examined to determine your medical and mental condition. We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results.



You have the right to be fully informed in language that you can understand of your total health status, including but not limited to, your medical condition.

You have the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect your well-being.

You have the right to accept or refuse medical treatment and medications (*unless a court has found you lack the capacity to make decisions about your medications*), to refuse to participate in experimental research, and to formulate an advance directive.

The facility provides information to the resident who has vision, hearing, or cognitive impairments in a manner that meets the resident's needs.

PRIVACY & CONFIDENTIALITY

You have the right to confidentiality. We comply with the Idaho Department of Health and Welfare's Notice of Privacy Practices which are included in this handbook (see page 26).

You may approve or refuse the release of personal and clinical records to any individual outside the facility, with the following exceptions:

- When you are transferred to another health care institution
- When record release is required by law



GRIEVANCE/SUGGESTIONS PROCEDURES

You have the right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished.

GRIEVANCE/SUGGESTION PROCEDURE

Please consider all options available to you to resolve your concern. Speak with staff on duty, or your social worker.

The Treatment Team recognizes that each circumstance is different and your concern could be effectively processed with the assistance of staff on duty or your social worker.

However, if you are unable to resolve your concern or feel uncomfortable about attempting to do so, please complete the questions on the Syringa Chalet Nursing Facility Grievance/Complaint/Request Form and place it into one of the locked Resident's Rights boxes located on 1st or 2nd Street.

You are encouraged to exercise your civil rights as a resident and to be actively involved in planning your treatment. If at any time you believe your rights have been violated, you may contact protective services, such as the Bureau of Facility Standards or The Joint Commission (see page 24).

If you or a family member have a grievance:

1. Complete the Syringa Chalet Nursing Facility Grievance/Complaint/Request Form, date and sign it.
2. Place the Syringa Chalet Nursing Facility Grievance/Complaint/Request Form into either of the locked Resident's Rights boxes located on 1st Street and 2nd Street.
3. The social worker picks the forms up weekdays, except holidays, and will meet with the resident to review the Syringa Chalet Nursing Facility Grievance/Complaint/Request.
4. The Social Worker will record Grievance/Complaint/Request on Tracking Log.
5. If the Social Worker is unable to resolve the Grievance/Complaint/Request during the meeting, the form will be forwarded to the Interdisciplinary Team.
6. The Interdisciplinary Team will process the Grievance/Complaint/Request with the appropriate personnel to obtain resolution.
7. The Interdisciplinary Team will review the



- Grievance/Complaint/Request promptly.
8. The resident will be provided a response to the Grievance/Complaint/Request
 9. We want the resident to feel that his/her Grievance/Complaint/Request has been addressed or resolved to his/her satisfaction. If the resident finds the team's response to be inadequate, he/she may:
 - a. Resubmit the Grievance/Complaint/Request or contact a private attorney (at his/her own expense), Legal Aid, Disability Rights or Ombudsman.
 - b. File a complaint with the Bureau of Facility Standards or other protective agencies.

EXAMINATION OF SURVEY RESULTS

You have the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability. Survey results are located in a binder on First Street outside of the nursing station.

WORK

As a resident of the facility, you have the right to:

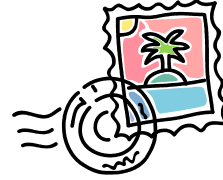
1. Refuse to perform services for the facility
2. Perform services for the facility if you choose, in certain instances when:
 - a. The facility has documented the need or desire for work in the plan of care.
 - b. The plan specifies the nature of the services performed and whether the services are voluntary or paid.
 - c. Compensation for paid services is at or above prevailing rates.
 - d. The resident agrees to the work arrangement described in the plan of care.

MAIL

You have the right to privacy in written communications, including the right to send and promptly receive mail that is unopened and have access to stationery, postage, and writing implements at your own expense.

The mailing address at Syringa Chalet Nursing Facility for your mail is:

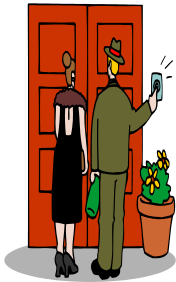
(Your Name)
Syringa Chalet Nursing Facility
PO Box 400
Blackfoot, Idaho 83221-0400



Postage is available at the Business Office. Outgoing mail may be deposited in the mail slot at the Hospital Security Office, or given to staff at the facility to mail for you.

If you do not have money for postage and letter writing material, you may arrange for reasonable amounts of these materials through staff.

VISITING PRIVILEGES



Visitors must sign in at the 1st Street Reception Area before being escorted to meet with you. A visiting lounge is available on Main Street to allow privacy. Permission to leave the unit (*Day Pass*) may be granted when you have shown that you are able to assume this responsibility. A Day Pass must be approved by the treatment team for you to leave the grounds.

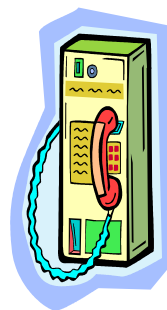
You have the right, and the facility will provide immediate access, to be visited by any representative of the Secretary or the State, your individual physician, a State long term care ombudsman, the agency responsible for the protection & advocacy system for developmentally disabled individuals or mentally ill individuals. These are subject to your right to deny or withdraw consent at any time, immediate family or other relatives of the resident, and subject to reasonable restrictions and your right to withdraw consent at any time, others who are visiting with your consent.

The facility will provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

TELEPHONES

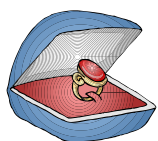
The telephone located in the Visitor's Lounge on Main Street (*basement*) is available to you at any time to make calls in private. There are also telephones available on 1st Street and 2nd Street for both incoming and outgoing calls.

All telephones are at a height accessible to residents who use wheelchairs, and arrangements can be made for those residents who are hearing impaired.



PERSONAL PROPERTY

All personal property will be accounted for at the time of admission, and recorded on the Valuables Sheet. You may keep a small amount of money, according to the facility's protocol. A locked box is available to you (*if needed*) and closet space, which may be locked, is available to you in your room. You have the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. If you choose to keep personal items, you assume responsibility for them.



Suitcases and other valuables, such as credit cards, billfolds, rings, watches, and jewelry, may be checked into the Security Office by completing a Valuables Sheet, which lists and describes all items being checked in.

MARRIED COUPLES

You have the right to share a room with your spouse if you are both residents of this facility, as long as both spouses consent to the arrangement.



SELF-ADMINISTRATION OF DRUGS



You have the right to self-administer drugs if the treatment team has determined that this practice is safe.

TRANSFERS

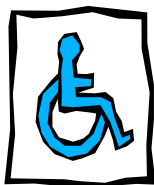
You will not be transferred from this facility to another or to another room without prior notice. Residents may periodically need to transfer to other rooms to accommodate medical conditions, equipment considerations, etc. We will try to keep changes to a minimum and make the transitions as smooth as possible.



In the case of an emergency transfer to an acute care facility, in most cases, it will be the facility within the closest proximity. If you wish to go elsewhere, you need to so indicate. We will always try to reach that facility and the physician. If we are unable to reach that facility, we will contact the closest available physician and hospital and send you by ambulance.

ADDITIONAL INFORMATION

NO DISCRIMINATION



You have the right to the same consideration and treatment as anyone else, regardless of race, ethnicity, culture, language, physical or mental disability, socioeconomic status, national origin, religion, age, sex, sexual orientation, gender identity or expression, political affiliation, financial status, or disability.

You also have the right to have an interpreter, translation service, or other communication assistance (see page 29).

ABUSE OR HARASSMENT

You have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

REFUSAL OF TREATMENT

Staff will attempt to accommodate any reasonable request for specific types of treatment. Also, you may refuse specific types of treatment. These may include, but are not limited to: non-emergency medication, group therapy, individual therapy, and recreation therapy. However, your refusal of treatment with medication may be overridden.

If a decision to override your refusal of treatment is made, you will be given a written notice of your hearing date and your right to representation. The court which committed you and your identified concerned family member will be notified of the override.



PAIN MANAGEMENT

As part of our responsibility to ensure your safety, you will be asked to state your full name prior to receiving medication.

Patient/Family Education on Pain Management at Syringa Chalet Nursing Facility

Upon admission to Syringa Chalet Nursing Facility, residents have a right to receive appropriate pain assessment and pain management.

- As a resident, you have the right to be informed of your health status and treatment options so you can be actively involved in your treatment plan.
- The nursing facility staff will ask you if you have pain on a regular basis. Please feel free to report to the staff any pain you are experiencing.
- Resident education improves communication between resident and staff here. It also helps you, the resident, know what to expect when you have pain and how staff will care for the pain.
- You have the right to be involved in all aspects of your care, including the effective management of your pain. When it is a part of your treatment, you and your family will be taught about understanding pain, the risk of pain, the importance of good pain management, the pain assessment process, and how pain can be controlled.

Here at Syringa Chalet Nursing Facility, we consider your pain management to be a very important part of your care. While each one of us deals with pain differently, the fact remains that the pain you feel can get in the way of getting better and getting out of the nursing facility. YOU should not have to suffer from pain needlessly.

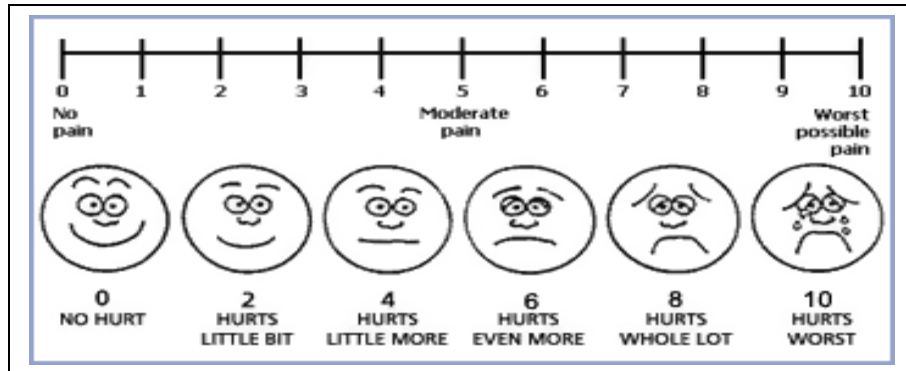
We want your pain to be managed well and we want you to be comfortable. How do we do that? If you are having pain, it is very important that you let your doctor or nurse know about it so we can help you. Meet with your treatment team to determine the best approach.

We will assess and monitor your pain routinely, but please inform the staff anytime you have pain.

When you are experiencing pain, you need to inform the nurse or doctor:

- Where is your pain?
- What is the pain like?
- How long have you felt the pain?
- What brings on the pain?
- What makes it worse?
- What helps relieve the pain?

For us to better understand the pain, we use a “pain rating scale.” Below is an example of the pain rating scale we use.



Pain can make it harder for you to get better. Uncontrolled pain affects the following:

- Immune system (It fights disease and illness in your body)
- Appetite
- Thinking clearly
- Sleep
- Daily activities
- Work

How do you control and relieve pain? There are many ways, below are just a few examples:

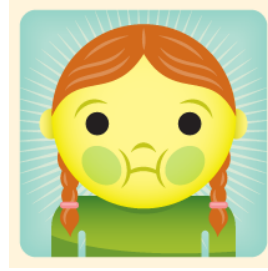
- Pain medicine
- Relaxation techniques
- Heat or ice on the painful area
- Meditation
- Other alternative types of healing
- Diversional activities such as music, watching tv, etc.



Use Caution when Taking Pain Medication

- There are different pain medications that residents use here
- Dosages of pain medication will be different for each resident
- Pain medications can cause side effects that can be effectively managed
- Some side effects that you need to report to the staff are:

- Itching
- Dry mouth
- Nausea, vomiting
- Dizziness
- Confusion
- Constipation
- Abnormal heartbeat
- Urinary retention



If you are concerned about becoming addicted to pain medicine, talk to your treatment team about your concerns.

Here Are Some Facts About Pain...

- Control of pain is part of your overall treatment
- Pain can be relieved
- Telling your Doctor or nurse about your pain is not a sign of weakness
- We all experience pain differently

Remember to always tell staff if you are feeling pain so we can help!!!

RESTRAINT

You have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat your medical symptoms.

Restraint is used only when there is an imminent danger, as determined by staff or an actual event of physical violence toward yourself or other people. Our staff strives to use non-physical interventions and to identify potential situations that might require the use of seclusion or restraint. We also strive to involve you, and whenever possible your family, to develop choices other than the use of seclusion or restraint.

If any restraint is used, our staff follows National Guidelines to provide for your safety, the safety of others, and to protect your rights, dignity, and well-being.

RESIDENT COUNCIL



Syringa Chalet Nursing Facility's Resident Council is provided as a means to share concerns, problems, and ideas with other residents and care staff. It allows you the opportunity to participate in the affairs and decisions that influence your daily life as a resident of the nursing facility. Participation is voluntary.

YOUR MEDICAL RECORD

You or your legal representative have the right, upon an oral or written request, to access all records pertaining to yourself including current clinical records within 24 hours (excluding weekends and holidays).



After receipt of your records for inspection, you have the right to purchase (*at a cost not to exceed the community standard*) photocopies of the records, or any portions of them, upon request and 2 working days advance notice to the facility.

ASSESSMENT DATA

As a resident of this facility, elements of your medical record will be provided electronically outside of this facility to licensing and accrediting agencies and their contractors. Transmission of medical record material is based on the requirements and standards of the above mentioned agencies.

YOUR LAWYER

You have the right to retain and consult with an attorney. If you are here involuntarily, the court may have appointed an attorney to you. You may contact Disability Rights Idaho and Legal Aid Services to assist you (see Page 23) or you may seek an attorney at your own expense.

YOUR FAMILY & PHYSICIAN NOTIFICATION

You have the right to have family members/representatives of your choice and your physician notified of your admission to Syringa Chalet Nursing Facility. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.



NOTIFICATION OF CHANGES

The facility will immediately inform you, consult with your physician, and if known, notify your legal representative or an interested family member when there is:

1. An accident involving you which results in injury and has the potential for requiring physician intervention
2. A significant change in your physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications)
3. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)
4. A decision to transfer or discharge you from the facility

The facility must also promptly notify you and, if known, your legal representative when there is:

1. A change in room or roommate assignment
2. A change in resident rights

The facility must record and periodically update the address and phone number of your legal representative or interested family member.

SPIRITUALITY, VALUES AND PASTORAL CARE

You have a right to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected. Upon your request, our staff will assist you in contacting your preferred spiritual representative. Also, Sunday Services are provided at the facility.



STUDENT INVOLVEMENT



Syringa Chalet Nursing Facility is a training site for students in related fields. They may participate in your care and treatment while you are a resident, unless you object. You have the right to refuse student involvement in your treatment and student access to your medical record.

DISCHARGE

Syringa Chalet Skilled Nursing Facility provides skilled nursing care to elders with mental illness. As such, when an elder's medical needs outweigh their psychosocial needs, alternative placement will be sought.

HOSPITAL SERVICES

CANTEEN



The Canteen is located at the east end of the Administration Building. Snacks, sundries, and other items are available for sale. The facilities are open during posted hours. If you are unable to leave the facility, you can make reasonable arrangements for purchases through staff.

BEAUTY SALON

The nursing staff will help you schedule an appointment for haircuts, perms, coloring, styling, manicures, foot soaks, etc.



ACTIVITY SERVICES

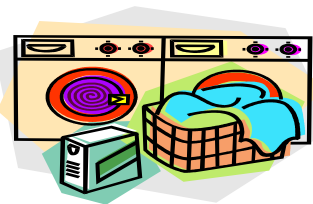


In addition to the daily activities provided in the facility, a Library, Activity Center, Campus Theater, and Arts and Crafts Center are available to you.

They are all located in the Administration Building near the Canteen. The Activities Coordinator can make arrangements for you to use these facilities.

LAUNDRY FACILITIES

Laundry facilities are available to you without charge.



TELEPHONE NUMBERS OF ADVOCATES, SUPPORT GROUPS, LEGAL SERVICES AND REGULATORY AGENCIES

SYRINGA CHALET NURSING FACILITY SOCIAL WORKER

785-8487

FAMILY/CONSUMER SUPPORT GROUPS

NATIONAL ALLIANCE FOR THE MENTALLY ILL (NAMI)

200 N. Glebe Road, Suite 1015
Arlington, VA 22203-3754
1-800-950-6264

NAMI-IDAHO

PO Box 68
Albion, ID 83311
1-800-572-9940



PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)

Corinna Wolfe, Director of Advocacy, PAIMI Coordinator
Comprehensive Advocacy, Inc.
4477 Emerald, Suite B-100
Boise, ID 83706
Phone: 208-336-5353 (TDD)
Toll-free 866-262-3462

IDAHO COMMISSION ON AGING Ombudsman for the Elderly

208-233-4032 ext. 35
www.idahoaging.com

LEGAL SERVICES



DISABILITY RIGHTS IDAHO

845 W. Center, Suite C-107

Pocatello, ID 83204

232-0922

Toll Free: 1-866-309-1589

info@disabilityrightsidaho.org

TDD Terminal Services

232-0922



**Idaho Legal
Aid Services**

IDAHO LEGAL AID

150 S. Arthur, Suite 203

PO Box 1785

Pocatello, ID 83204

233-0079

BINGHAM COUNTY PUBLIC DEFENDER

490 North Maple Street

Blackfoot, ID 83221

785-1650

REGULATORY AGENCIES

THE JOINT COMMISSION (JC)

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

8:30 a.m. to 5:00 p.m., Central Time, (Monday through Friday)
Toll Free: 1-800- 994-6610



STATE OF IDAHO LICENSURE OFFICE

Bureau of Facility Standards
P.O. Box 83720
Boise, ID 83720-0036
1-208-334-6626

MEDICAID FRAUD HOTLINE

Medicaid Fraud
P.O. Box 83720
Boise, ID 83720-0036
8:00 a.m. to 5:00 p.m., (Monday through Friday)
Toll Free: 1-866-635-7515

MEDICARE PATIENTS' RIGHTS - QIO

Qualis Health
10700 Meridian Ave. North, Suite 100
PO Box 33400
Seattle, WA 98133-0400
1-800-949-7536



INDEX OF IDAHO CODE

Rights of Patients: IDAHO CODE: §66-344

1. Every patient shall be entitled to humane care and treatment.
2. Mechanical restraints shall not be applied to a patient nor shall a patient be isolated unless it is determined that such is necessary for his safety or the safety of others. Every use of a mechanical restraint and the reasons therefore shall be made a part of the clinical record.

IDAHO CODE: 66-345

3. Exercise of civil rights: **IDAHO CODE: 66-346**

- a. Every patient shall have the following rights:
 - (1) To communicate by sealed mail, or otherwise, with persons inside or outside the facility, and to have access to reasonable amounts of letter writing materials and postage;
 - (2) To receive visitors at all reasonable times;
 - (3) To wear his own clothes; to keep and use his own personal possessions, including toilet articles; to keep and be allowed to spend a reasonable amount of one's own money for canteen expenses and small purchases; to have access to individual storage space for his private use;
 - (4) To refuse specific modes of treatment;
 - (5) To be visited by his attorney or any employee of his attorney's firm, or a representative of the state protection and advocacy system at any time;
 - (6) To exercise all civil rights, including the right to dispose of property except property described in subsection 3 above, execute instruments, make purchases, enter into contractual relationships, and vote unless limited by prior court order;
 - (7) To have reasonable access to all records concerning himself.
- b. Notwithstanding any limitations authorized under this section on the right of communication, every patient shall be entitled to communicate by sealed mail with the court, if any, which ordered his commitment.
- c. The director of a facility may deny a patient's rights under this section, except that the rights enumerated in subsections (a)(5) and (a)(6) of Section 66-346, Idaho Code, shall not be denied by the director of the facility under any circumstances. Only in cases of emergency or when a court has determined that a patient lacks capacity to make informed decisions about treatment, may the director of a facility deny a patient's rights under subsection (a)(4) of this section. A statement explaining the reasons for any denial of a patient's rights shall be immediately entered in his treatment record and if the patient has been committed pursuant to court order, copies of such statement shall be submitted to the committing court and sent to the patient's spouse, guardian, adult next of kin or friend and attorney, if any.
- d. A list of the foregoing rights shall be prominently posted in all facilities and brought to the attention of the patient by such means as the Board of Health and Welfare shall designate.



IDAHO DEPARTMENT OF HEALTH & WELFARE

Notice of Privacy Practices *Effective September 23, 2013*

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

- If you have any questions about this Notice, please contact the Idaho Department of Health and Welfare's Privacy Office at 208-334-6519 or by email at PrivacyOffice@dhw.idaho.gov.
- You may request a copy of this Notice at any time. Copies of this Notice are available at the Department of Health and Welfare offices. This Notice is also available on the Department of Health and Welfare's website at <http://www.healthandwelfare.idaho.gov>.

PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how the Idaho Department of Health and Welfare (Department) handles confidential information, following state and federal requirements. All programs in the Department may share your confidential information with each other as needed to provide you benefits or services, and for normal business purposes. The Department may also share your confidential information with others outside of the Department as needed to provide you benefits or services.

We are dedicated to protecting your confidential information. We create records of the benefits or services you receive from the Department. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws. We are required to:

- Use and disclose confidential information as required by law;
- Maintain the privacy of your information;
- Give you this Notice of our legal duties and privacy practices for your information; and
- Follow the terms of the Notice that is currently in effect.

This Notice of Privacy Practices does not affect your eligibility for benefits or services.

YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION

1. Right to Review and Copy

You have the right to ask to review and copy your information as allowed by law.

The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard (currently .10¢ per page) photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

If you would like to review and/or copy your information, a "Records Request" form is available at Department offices or its website. You will be told if there is information we are legally prevented from disclosing to you.

2. Right to Amend

You have the right to ask us to make changes to your information if you feel that the information we have about you is wrong or not complete.

If you would like to ask the Department to change your information, a "Request to Amend Records" form is available at Department offices or its website. You must complete this form and return it to the Department. The Department will respond to your request within 10 days.

We may deny your request if you ask us to change information that:

- Was not created by the Department;
- Is not part of the information kept by or for the Department;
- Is not part of the information which you would be allowed to review and copy; or
- We determine is correct and complete.

3. Right to Restrict Health Information Disclosures

You have the right to ask us not to share your health information for your treatment or services, or normal business purposes. You must tell us what information you do not want us to share and who we should not share it with.

If you would like to ask the Department to not share your information, a "Request to Restrict Health Information Disclosures" form is available at Department offices or its website. You must complete this form and return it to the Department. The Department will respond to your request in writing.

If we agree to your request, we will comply unless the information is needed to give you emergency treatment, or until you end the restriction. In situations where you or someone on your behalf pays for an item or service, and you request that information concerning said item or service not be disclosed to a health insurer, we will agree to the requested restriction.

4. Right to an Alternate Means of Delivery

You have the right to ask that we communicate with you by alternative means or at

alternative locations. For example, you can ask that we send your information from one program to a different mailing address from other programs that you receive services or benefits from.

If you would like to ask for an alternate means of delivery for your information, a "Request for Alternate Means of Delivery" form is available at Department offices or its website. You must complete this form and return it to the Department. The Department will respond to your request if it is denied for some reason.

We will not ask you the reason for your request. Reasonable requests will be approved.

5. Right to a Report of Health Information Disclosures

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business purposes, or the times you authorized us to share your information.

If you would like to ask for a report of your health information disclosures, a "Request to Receive a Report of Health Information Disclosures" form is available at Department offices or its website. You must complete this form and return it to the Department. The Department will respond to your request according to the Idaho Public Records Act and the federal HIPAA Laws.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost and you may choose to remove or change your request at that time before any costs are charged to you.

HOW THE DEPARTMENT MAY USE AND SHARE YOUR INFORMATION

Times when your permission is not needed

- **For Treatment.** We may use and share your information to give you benefits, treatment or services. We may share your information with a nurse, medical professional or other personnel who are giving you treatment or services. The programs in the Department may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the Department who are involved in your care or payment of care, such as family members, informal or legal representatives, or others that give you services as part of your care.
- **For Payment.** We may use and share your information so that the treatment and services you receive through the Department can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.
- **For Business Operations.** We may use and share your information for business operational purposes. This is necessary for the daily operation of the Department and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

Times when your permission is needed

- **For reasons other than Treatment, Payment or Business Operations.** There may be times when the Department may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the Department is asked for information from your employer or school that is not part of treatment, payment or business operations, the Department will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.
- **Individuals that are part of your care or payment for your care.** We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status and location.

Other uses and sharing of your information that may be made without your permission

- For Appointment Reminders
- For Treatment Alternatives
- As Required by Law
- For Public Health Risks
- To Law Enforcement
- For Lawsuits and Disputes
- To Coroners, Medical Examiners, Funeral Directors
- For Organ and Tissue Donation
- For Emergency Treatment
- To Prevent a Serious Threat to Health or Safety
- To Military and Veterans organizations
- For Health Oversight Activities
- For National Security and Intelligence Activities
- To Correctional Institutions

SPECIAL REQUIREMENTS

Information that has been received from a federally funded substance abuse treatment program or through the infant and toddler program will not be released without specific authorization from the individual or legal representative.

Affected individuals will be notified following a breach of unsecured health information.

CHANGES TO THIS NOTICE

The Department has the right to change this Notice. A copy of this Notice is posted at our Department offices or at <http://www.healthandwelfare.idaho.gov>. The effective date of this Notice is shown at the top of each page. If the Department makes any changes to this Notice of Privacy Practices, the Department will follow the terms of the Notice that is currently in effect.

COMPLAINTS

If you believe your confidential information privacy rights have been violated, you may file a written complaint with the Idaho Department of Health and Welfare. All complaints turned in to the Department must be in writing on the "Privacy Complaint" form that is available at Department offices or its website. To file a complaint with the Department, submit your completed Privacy Complaint form to:

Idaho Department of Health and Welfare
Privacy Office
P.O. Box 83720
Boise, ID 83720-0036

If you believe your health information privacy rights have been violated, you may also file a complaint with the U. S. Department of Health and Human Services. Your complaint must be in writing and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Office for Civil Rights – Region 10
U. S. Department of Health and Human Services
2201 Sixth Avenue-Suite 900
Seattle, Washington 98121-1831

For all complaints filed by e-mail send to OCRComplaint@hhs.gov.

A complaint filed with either the Idaho Department of Health and Welfare or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

You will not be punished or retaliated against for filing a complaint.

SPECIAL COMMUNICATION SERVICES

TELECOMMUNICATION DEVICE FOR THE DEAF (TDD) TERMINAL SERVICES

STATE HOSPITAL SOUTH (208) 785-8423

TO CONFIRM THE CONNECTION

(208) 785-1200, EXT. 68477

LOCATION OF THE TDD TERMINAL

HOUSE SUPERVISOR'S OFFICE

TDD/TELETYPEWRITER (TTY) – IDAHO RELAY SERVICES

TDD/TTY 1-800-377-3529

(TELECOMMUNICATION FOR THE HEARING IMPAIRED)

VOICE 1-800-377-1363

(COMMUNICATING TO A HEARING IMPAIRED PERSON ON A TDD TERMINAL –
QWEST WILL TYPE YOUR COMMUNICATION TO THEIR TDD TERMINAL)

HAND-HYGIENE

All Syringa Chalet Nursing Facility persons, including residents and visitors, should use proper hand-hygiene methods to prevent the spread of germs to themselves or others. Hand-hygiene includes the use of soap and water for at least twenty (20) seconds or the use of alcohol-based hand sanitizer and rubbing hands until dry.

You have the right, and we encourage you, to ask your health-care provider to perform hand-hygiene before treating you.

Alcohol-based hand sanitizing dispensers are available on each Street and inside the Dining Room doors.



This handbook belongs to:

My Doctor is: _____

My Doctor's # is: _____

My Social Worker is: _____

SCNF Administrator is: _____

SCNF Director of Nursing is: _____

Other useful Information:

Syringa Chalet Nursing Facility

State Hospital South
PO Box 400 * Blackfoot, ID 83221
(208) 785-1200